

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized CommitteeRECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

15 OCT 23 AM 11:57

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF CHRISTINE O'DONNELL

ADDRESS (number and street)

P.O. BOX 3987

Check if different  
than previously  
reported. (ACC)

WILMINGTON

DE

19807

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00449595

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

DE

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
07 01 2015M M / D D / Y Y Y Y Y Y  
07 01 2015M M / D D / Y Y Y Y Y Y  
07 01 2015

through

M M / D D / Y Y Y Y Y Y  
09 30 2015M M / D D / Y Y Y Y Y Y  
09 30 2015M M / D D / Y Y Y Y Y Y  
09 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CHRISTOPHER M MARSTON

Signature of Treasurer

CHRISTOPHER M MARSTON

Date

M M / D D / Y Y Y Y Y Y  
10 14 2015M M / D D / Y Y Y Y Y Y  
10 14 2015M M / D D / Y Y Y Y Y Y  
10 14 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)